U.S. Department of Labor Office of Labor-Management Landards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fine 9 or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U-/208/

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2, Fiscal Year Covered From:

1 / 1 /2004 Through: 12 / 31 /2004

4. Name, file number, and address of labor organization.

Name KONALD TOMASSTI	Name ABOTES INAL CUIN 158	
100000000000000000000000000000000000000	Labor Organization File Number 02 5495	
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any Suite O	
Street 54 Bookvaro ASC	Street 4655 LinglesTown Roma	
City Dicker CITY	City HARRISGER	
State 7 ZIP Code + 4 / 25/9	State 7 ZIP Code + 4 / 7/12	
5. Position in labor organization. SCIRCTARY - TRUBSURCE		
- JAKENSIA A		
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Cod3 + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the	
Signed Connection	on 8-12-05 570 489-2725	
Form I N-30 /2003\	Date Telephone Number	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or it dealing with your labor organization or with a trust in which your labor organization.	ctively seeking to represent, or ndirectly to, or otherwise		
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name			
Trade Name, if any:	a. Labor Organization		
Trace Name, a any.	b. Trust		
P.O. Box, Bldg., Room No., if any	c. Employer		
Street			
City			
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing.		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of mone	ey or other thing of value.		
	- 1		

13.a. Name and address of Employer or Labor Rolations Consultant (including trade name, if any). Name Sickly Zivestown Particles Trade Name, if any: P.O. Box, Bidg., Room No., if any	14.a. Nature of payment. Holioni Give - cuince
Street 101 Fox Chase COURT City Southwarpton State New Jessey 21P Code + 4 09088-2822144	
13.b. is the Business an Employer or Consultant ?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying fr of an employer whose employees your labor (2) any part of which consists of buying from- dealing with your labor organization or with a	organization represents or is activers or setting or leasing directly or inc	vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including tr	ade rame, if any).	9. Business deals with;
Name		
Trade Name, if any:		a. Labor Organization b. Trust
P.O. Box, Bldg., Room No., if any		c. Employer
Street		
City		
State	ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or emp	loyer's name.	11.a. Nature of such dealing.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		11.b. Approximate dollar value of such dealing.
City		12.a. Nature of interest hold or income received.
State	ZIP Code + 4	
		12.b. Amount.
C. Received from any employer (other to or from any labor relations consultant to an e	han an employer covered unde employer any payment of money	r parts A and B above) or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Columbia PATINERS	Golf Leave Cinare
Trade Name, if any: Money Manager	
P.O. Box, Bldg., Room No., if any	
Street 1775 Panspennin AVC	
Street 1775 Bunspennin AVC	
State DC ZIP Code + 4 2006+4	
13.b. Is the Business an Employer or Consultant ?	14,b. Amount of payment. 245.67

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name		
Trade Name, if any:	a. Labor Organization	
itaoe name, g any.	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street	o. Employo.	
City		
State ZIP Code + 4		
10. If 9.b or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest hald or income received.	
State ZIP Code + 4		
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name LARGES LOCAL UNION 158	EDUCATION CONTENENCES & TRUSTER	
HANDLOUKHOR & POSKI	Me Take a Rostotte Land	

13.b. Is the Business an Employer

P.O. Box, Bldg., Room No., if any Suite 61

Street 2201 FORT HILLS

Trade Name, if any:

Cay HARRISBURG

State

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14.b. Amount of payment. 5, 862 44

ZIP Code + 4 / 7/22 -/089

or Consultant